1. PLACE OF DEATH	10
County///Come	Registration Dist. No. 33
Village or City Mean Hetron Md.	No. P. 2 Hebron Md., St., 5 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds How long in U.S. if of foreign birth?mosds.
2. FULL NAME The Carroll C	adkina
(a) Residence: No. RD-#2 The My (Usual place of abode)	St., 15 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (awrite the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Control of Figure 1	22. I HEREBY CERTIFY, That I attended deceased from
- ora pracopora	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) aug. 13-1882	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 5./5. 4m.
5/ 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
S. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked and the constant of the constan	Killed self with about your stood one
9. Industry or business in which	an ham an farm
work was done, as SILK MILL, SAW MILL, BANK, etc	belown Road -
10. Date deceased last worked at this occupation month and 1. 15 tal time (Years) sparting missing year)	The hast of head blows off
12. BIRTHPLACE (City or town) Man. Holyhop	Other Contributory Causes of importance:
(State or country) Maryland	mistal differentian
13. NAME AM A COLLEGE CITY OF TOWN) Plan: It was a second of the college of the c	
14. BIRTHPLACE (city or town) / Man. / Herry	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy? have
15. MAIDEN NAME Maggie ahn, Ellis 16. BIRTHPLACE (city or town) Mean Delman	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) // Mean pelma	Accident, suicide, or homicide? Sun or de Date of injury 7/1, 19.3.4
(State or country)	Where did injury occur? It as Helman , hucumics Come
17. INFORMANT Me Cha for adder for (Address) 12. 14.2 Helion Ind.	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. may describe the specific way and state)
18. BURIAL, CREMIATION, OR REMOVAL	Menner of injury Brilled all mit about an
Place with what of the Place of	Nature of injury 22 hour hand of he and bolinging all
10 HADDEDTAKED Hollowas + 16	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER // May land	If so, specify
Clip12 21/20 Of 11/200	1 - 1 - 1 - 1 - 1
20. FILED Upw /d., 1934 Mus Je M. Wallace	(Signed) S. A. What Comments M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. k.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	j)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ė l	1	DI ACE O	S	TATE	OF MA	ARY	LAND-	CERTIFI	CATE	OF D	EATH	114	189
3	_	. PLACE O	BALL	, , ,		-			34				222
220		County .	الم ت وي	Mice	me	ca	0 1 5	0	and !	1	ation Dist. No) <u>C</u>	00
to \		Village or C	ity	Palisl	riry.		7.5.00	ND. Lu death occurred in a	hospital or instit	ution, give its		of street and	number)
ement		Length of resi	dence In cit	y or town where	death occurr	ed	_yrsmo:	ds. How	v long In U.S. if	of foreign bir	tb?yr	sn	10s ds
	2	. FULL NA	ME //	aliest	+la	lon	((co	lake					
Y		(a) Residen	ce: No.	Salis	bury	77	nel. De	astiso	Ward! Co	U.			
1		DEDCON	A1 AN	DOTATION		I place of			EDICAL C		esident give city		1 State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,							EDICAL C	ERTIFIC	CATE OF L	DEATH			
	3. 4	2	4. COLO				(write the word)	21. DATE O	GAA		, ,		193 🛠
	50	Joy	1.00	,a	-	Sim	yle			(Month)	/ (Da	ıy)	(Year)
	Ja.	If merried widow HUSBAND of (or) WIFE of	eu, or arvor	cea			d	22.	HEREB'	YCER	TIFY, That	, I attended	deceesed from
Marian .	-	(01) 11112 01								, 19 3 4	1//	/V	. 193 &
	6. I	ATE OF BIRTH	month, day	, and year)	n	4	1934	I last saw h	alive on	4/1	/	, 19.3.	∠; death is said
	7. A	GE Yea	rs a)	Months	Day	ys	If LESS than	to have occurred	on tha date stat	ed above, at_	m.		
		(3	/	12	1 day,hrs.	The PRINCIPAL were as follows:	CAUSE OF DEA	TH end relate	ed causes of Imp	ortance	Date of onset
	Z	8. Trada, profes	sion, or pa	rticular as SPINNER	40								- Date of outest
	LION	SAWYER, 9. Industry or		SPINNER, PER, etc	1	مرحا	<u> </u>	10,	ougen	etet	Syphe	elia	
back		work was	done, as S L, BANK, e	ILK MILL,	n	on	2		f		· (/		
	OCCO	10. Date deceas	ed last work	ked at	11.	Total time	e (years)						-
-		year)	pelion (mon	th and / Lo	ne	octupa	in this ation						-
	12	BIRTHPLACE (cit	v or town)	Peninsu	la ge	wil:	Hospitul	Other Contribute	ry Causes of imp	ortance:	675		
-	(State or country), and									*********			
	ER	13. NAME	San	oly!	OBL	cel	re ?	le des					
-	FATHER	14, BIRTHPLACE	(city or to	VII) P	Ita	rill	a-	Name of operatio	n			Date of	
-	-1	(Stale or	country)	m	d			What test confirm	nad diegnosis?_	Same	intimo	as there an	autopsy? 20
I	HER	15. MAIDEN NA	ME C	ornel	ia T	al	mer	23. If death was du	ue to external ca	uses (VIOLE	NCE) fill in also	tha following	g:
	MOM	16. BIRTHPLACE	(city or to	vn) Ex	mo	ىعە		Accidant, suicide,	, or homicida?		Date of in	njury	, 19
-	Σ	(State or	country)	1	Jung	mi	w	Where did Injury	occur?			10	
	W. INFORMANT Fisher Palmer						Specify whether i	injury occurred i	in INDUSTRY	city or town, co , In HOME, or in	PUBLIC PL	ACE.	
(Address) Salesbury Md. P.J. D. Quento A						4							
	18. BURIAL, CREMATION, OR REMOVAL B. Place Public Leton Med. Date Offer 21. 19 3.4					Mannar of Injury							
-		Place /	······	7 14		o	CT 19	Nature of Injury					
	19.	UNDERTAKER -	ras.	ti stu	uast			24. Was disease or	r injury In eny v	way related to	occupation of d	aceesed?	no
-		(Address)	21	sale	alu	To	and	If so, specify	100	C	5	-	
-	2D.	FILED YM	2/.,1	937 X	Ma	4 1	turner	(Signod)	Mila	7-6	, ,	-u	M. D
1				16	4.1.	7	Registrar.	(Add				1	ing
				11 more	blanks are no	eaea, add	ress State Kegistrar,	2411 N. Charles Stre	eet, Baltimore, R	equesting V.	S. No. 1.		

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Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH ·	
County Willomico	Registration Dist. No. 933
Village or City Falisbury	No. St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mes.	
2. FULL NAME Inday Stell Born of Vir	gines 13arris
11/2 6 . 1 . 1 /1	()
(a) Residence: No/10 WWW (Usual place of above)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINCE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 17 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Suxaul	22. I HEREBY CERTIFY. That i attended deceased from
C DATE OF PARTY () () () () () () () () () (
6. DATE OF BIRTII (month, day, end year) 7. AGE Yaars Months Days If LESS than	to have occurred on tha date statad above, et. 1.0. A.m.
1 day, hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of Importance
8. Trade, profassion, or particular	wera as follows:
kind of work dona, as SPINNIR SAWYER, BOOKKEEPER, atc.	11100
9. Industry or business in which	dill Home
SAW MILL, BANK, atc	
12. BIRTHPLACE (city or town) Balist Herry (State or country)	Other Coutributory Causes of importanca:
13. NAME Willeam Dashields	
13. NAME 11 14. BIRTHPLACE (city or town)	Nama of operation
(State or country), / Mary (Mary)	What test confirmed diagnosis?
15. MAIDEN NAME VIGINIA (15 MILES	23. If daath was dua to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Maryland (Stata or country)	Accidant, suicida, or homicide?
17, INFORMANT Volginia, Berio (Address) Salisbury Mid.	(Specify city or town, county and State) Spacify whether injury occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Public Com go Loate Ufit 18, 1934	Nature of injury
Sand Stewart	24. Was disease or injury in any way ralated to occupation of deceased?
19. UNDERTAKER AS A MINISTER OF A CANADA CONTRACTOR OF A CANADA CONT	If so, specify
20. FILED agn 18, 1934 J. May June,	(Signed) (Addrass) Salisbury, M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I	A DESCRIPTION OF THE PERSON OF	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH	F MAR	YLAND-	CERTIFICATE OF DEATH
County 100mlco			Registration Dist. No. 333
	arptown		No. St., Ward
7			f death occurred in a hospital or institution, give its NAME instead of street and number)
7			sds. How long In U. S. if of foreign birth?yrsmosds.
Z. FOLL NAME		•	
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OF RACE COL	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH April 29 1934, 193
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		Hill is	(Month) (Day) (Yaar) 22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	oril 25,	1934	I last saw h and alive on Com 25 103 4; death is sald
7. AGE Years Months	Oays	If LESS than I day,hrs. ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.			At tith
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		******	
10. Date deceased last worked at this occupation (month and year)		me (yaars) tin this pation	
12. BIRTHPLACE (city or town) 8 Py (Stata or country)	and	()	Other Centributory Canses of importance:
13. NAME illiam Corni	sh		
14. BIRTHPLACE (city or town)			Name of operation
15. MAIDEN NAME Tula Nyt	ter		What test confirmed diagnosis?
16. BIRTHPLACE (city or town) 1/d (State or country)			Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT William Corni (Address) Sharptown			Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	411.04		Manner of Injury
Place	Oate pri	1 20 ,1934	Nature of Injury
19. UNOERTAKER harptown,	E Bro,		24. Was disease or Injury In any way related to occupation of deceased?
20. FILED April 29, 1934 2	rary E.	Mann Registrar.	(Signad) (Signad) (Address) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
	1 week ago
Down and boundaries and	
Run over by street car	1 week ago
27 Peritonitis	3 days ago
Other contributory causes of importance:	
	1 year
	Other contributory causes of importance:

V. S. No. 1

of OCCUPA.

Registration Dist. No. St. Ward
Village or City All All All All All All All All All Al
Length of residence in city or town whare death occurrent yets mos. Length of residence in city or town whare death occurrent yets mos. 2. FULL NAME (a) Residence: No. 0.4 Cost of Customa Mat., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SPX 4. CQLOR OR RACE Of the Vorce of the Cost of
Length of residence in city or town wharpdeath occurrent yes mos. 2. FULL NAME (a) Residence: No. 14 Los
(a) Residence: No. 1
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. Celor of RACE Off by ORCED ("winic thy word) (or) WIFE of DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) Months Days If LESS than Iday, hrs. or min. 8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 11. Total min (unit) SAW MILL, BANK, etc. Other Coutributory Causes of importance: Other Coutributory Causes of importance: MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE MINISTER MONTH MONTH MONTH MONTH MONTH MONTH
3. SEX 4. COLOR OF RACE OF DEATH OF DE
Se. If married, widowed, or divorced Convert Convert
56. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last work det this occurration (month) and year) 11. Total mark (years) Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town) (Stata or cognity) 13. I HEREBY CERTIFY, Utat I attended deceased from 19.34 11. I state who alive on 19.34 12. I HEREBY CERTIFY, Utat I attended deceased from 19.34 13. I HEREBY CERTIFY, Utat I attended deceased from 19.34 14. I state who alive on 19.34 15. I last saw h a alive on 19.34 16. DATE OF BIRTH (month, day, and year) 19. July 19. Ju
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW, etc. 10. Data deceased last worked et this occuration (more) and gaza in the profession of the date stated above, at men to have occurred on the date stated above, at men in the principal CAUSE OF DEATH and related causes of importance were as follows: Date of onse were as follows: Other Coutributory Causes of importance: Other Coutributory Causes of importance:
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW, etc. 10. Data deceased last worked et this occurrance (city or town) 11. Total time (years) Other Coutributory Causes of importance: Other Coutributory Causes of importance:
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last work do et this occuration (no th and year) 12. BIRTHPLACE (city or town (Stata or cognity) 13. Total men (years) 14. Total men (years) 15. Data deceased last work do et this occuration (no th and year) 15. Data deceased last work do et this occuration (no th and year) 16. Data deceased last work do et this occuration (no th and year) 17. AGE Years Months Days If LESS than to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of once were as follows: 18. Trade, profession, or particular were as follows: 19. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which were as follows: 10. Data deceased last work do et this occuration (and the particular were as follows: 11. Total men (years) 12. BIRTHPLACE (city or town down down down down down down down d
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last work of et this occuration (more hand) 933 11. Total met (years) 12. BIRTHPLACE (city or towns) 12. BIRTHPLACE (city or towns) 12. BIRTHPLACE (city or towns) 13. BIRTHPLACE (city or towns) 14. BIRTHPLACE (city or towns) 15. BIRTHPLAC
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last work det this occuration (more and 933 50 per in this year) 12. BIRTHPLACE (city or towns 11. Total me (verts) 12. BIRTHPLACE (city or towns
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this occuration (more and 9.3.3) Sparing in Signature 12. BIRTHPLACE (city or town law deliments) (Stata or cognity) Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town Plan Delyna (Stata or copyrty) William 24/6
year) 12. BIRTHPLACE (city or town Plan Delynam (Stata or copyrty) 12. BIRTHPLACE (city or town Plan Delynam (Stata or copyrty) 13. BIRTHPLACE (city or town Plan Delynam (Stata or copyrty) 14. BIRTHPLACE (city or town Plan Delynam (Stata or copyrty) 15. BIRTHPLACE (city or town Plan Delynam (Stata or copyrty) 16. BIRTHPLACE (city or town Plan Delynam (Stata or copyrty) 17. BIRTHPLACE (city or town Plan Delynam (Stata or copyrty) 18. BIRTHPLACE (city or town Plan Delynam (Stata or copyrty) 19. BIRTHPLACE (city or town Plan Delynam (Stata or cop
12. BIRTHPLACE (city or town Plan Delan Other Contributory Causes of importance: (Stata or cognery) Welan 24h
(Stata or cognitry) Delan Thume Coma 24h
Light
Flan 19. Vara Dal
14. BIRTHPLACE (city or town) Name of operation Date of (State or country)
what test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME France Heave 23. If death was dua to axternal causes (VIOLENCE) fill in elso the following: 16. BIRTHPLACE (city or town) Was . Wellow
2 16. BIRTHPLACE (city or town) Late of injury
(Stata or country) Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Levels 4. Cart at Delman Out, (Address) 4. Cart at Delman Out,
18. BURIAL, CREMATION, OR REMOVAL
Place N. E. Church Cerr Date April. 24, 1937. Nature of injury
19. UNDERTAKER Hellowayt Co. 24. Was disease or injury In any way related to occupation of deceased? 21.
20. FILED 4-17 , 1934 Harry Te Shidson (Signed) It It If melly M.
Registrar. (Address)

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 100	\$ y		
Other contributory causes of importance:	N 4 4000	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

		A	66	0	
1 1	18	-1	U		4
U	4	I	21	4	

1. PLACE OF DEATH	92-0
County Wicemuse	Registration Dist. No. 333
Village or City Salisbury	No. Division St. 9 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME Inving of Jane four	2.2
(a) Residence: No. Assistanty Division (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white married married	1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF CONTROL OF WEEK	22. HEREBY CERTIFY, Thet I attended deceased from
a sking in the	1954 to Cyfur 1954
7. AGE Years Months Days / It KESS than	l'lest saw harmalive on Coffee 1927; death is said
1 day,hrs.	to heve occurred on the dete stated above, at //
3 Irade, profession er particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	many many getting
Right Modustry or business in which	
work was done, as SILK MILL, Worker	
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or Jown) Collemphus Jenn.	alound in (aculy)
(State or country)	
13. NAME Justile & melower 14. BIRTHPLACE (city or town) Members, Jenne	
14. BIRTHPLACE (city or town) CALLYMA LAND, CLIMA S. (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) - Alamphia	23. if deeth was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 20 Date of injury 19 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CELLAS TRANS A done from the	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Daysons Win Date april 14, 1934	Nature of injury
Ma LOM by 1	24. Was disease or injury in any way related to occupation of deceased? Zero
19. UNDERTAKER LIFTED TEACH LAST THE TOTAL (Address)	If so, specify
and alex 12 34 Or man of	(Signed) Miganum M.D.
Registrar.	(Address) / Salishing: Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	4/1/1	July 5,1927	Peritonitis	3 days ago
	BUDGALLV			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 04194
1. PLACE OF DEATH	82-0
County Villymiles	Registration Dist. No. 3321
Village or City / Williams / My.	No. St., 7 Ward
Length of residence in city or to nowhere death occurred 3 yrs 3 mos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME elleron Dais 1	
1110 - 11 '11 Bad	o. H w. s
(a) Residence: No. (Usual place of abode)	St., 7 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OF DEVORCED (write the word)	21. DATE OF DEATH MANY 22
Marc // ma / manes.	(Nonth) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of	22. A NEREBY CERTIFY, That I attended deceased Group
(ar) #18201 Mary Martha Dan	alited 18 1834 to tale Aleath
6. DATE OF BIRTH (month, pay, and year) Sept. 2. 1862	i lest saw harm alive on 4-22 1934 death is said
7. AGE Years Months Days If LESS than	have occurred on the date stated above, als. 48-19.
71 7 20 1day,hrs.	the Frincipal CAOSE OF DEATH and fetated causes of importance
R Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	artiges schleresus
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Ay pertingum,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILE, SAW MILL, BANK, etc 10. Date deceased last worke as different work was done, as SILK MILE, SAW MILL, BANK, etc 11. Idial-time (years)	Ceptoral hemselye 4-18-3
o this occupation (moral and 930 primiting year)	
Poullille	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	Santa Catastas
I 13. NAME Levin Soan.	Swan enoune
Portleile	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Charlottel Keller	What test confirmed diagnosis?
15. MAIDEN NAME Charlotte Relies 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19
State or country) Maryland	Where did injury occur?
17. INFORMANTHE Many Martha Dajos	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Possellice Maylone	The state of the s
18. BURIAL, CREMATION OR REMISVAL P. GAD: (1) 2 5 3.	Manner of injury
Place 1. June Com Date June 23, 1937	Nature of injury
19. UNDERTAKER Holograph Ro.	24. Was disease or injury in any way related to occupation of deceased? Mo
(Address) Salutay Mayland	If so, specify A
20, FILE apr. 25 1934 Fillson R. Dave	(Signed) Stante T. Jessey M. D.
Joeal Registrar.	(Address) Willarda M.
If more blanks are needed address State Periodner	Charles Carries Publishers Provided By C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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of importance were a		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	371Y 71188E	July 5, 1927	Peritonitis	3 days ago
	BURBAU V. S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1 m H of OCCUPA.

Exact statement

3.

7.

OCCUPATION

12

MOTHER FATHER

17. 18

19

20.

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Liconico	Registration Dist. No. 333
Village or City Salishuy	1110 6 1
Things of only Caracanage	No. 1009 Was St., S Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Robert Elner des	aes
(a) Residence: No. 1009 Cast Church (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYDRCED (write the word)	21. DATE OF DEATH April 93 , 193 . (Year)
If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ducie Holland alenis	1 HEREBY CERTIFY, That I attended deceased from 23 ,195 , to fiel 2 3 ,19
DATE OF BIRTH (month, day, and year) March 4. 1878.	I last saw h elive on A 193 4; death is said
AGE Yeers Months Deys If LESS than	to have occurred on the date steted above, at
56 / 19 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of onest Date of onest
9. Industry or business in which work was done, as SILK MILL, Maury Van SAW MILL, BANK, etc.	lengt & gardays.
De Date deceased last worked at this occupation (month and 4/1/34 11. Total time (years) spent in this 30 440.	
	Other Contributory Causes of importence:
(State or country)	Esskylan
13. NAME Nobley IV. Oleris	
14. BIRTHPLACE (city or town) Multiple 1	Name of operation
15. MAIDEN NAME Julia Xigures	What test confirmed diegnosis?
June Comes	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city of town) (Stete or country)	Accident, suicide, or homicide?
INFORMANT 9. C. Bakel,	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OR, REMOVAL	
Place Mennightack Salarday 4/45/345	Manner of injury
UNDERTAKER The Will & Arkain Co.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salakuff, Ado	If so, specify
FILED Gr 23, 1934 M. May Junes	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	an and an	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 7 1921			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
			1 god.

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	113
1.	PLACE OF DEATH	48	
	County/// Come lo	Registration Dist. No.	72
	Village or City Sahrbary Ma,	No 500 Beauchans St. 13	War
		de Hamilton to the State of the	ber)
1	Bal 1 20 1 1	os. now long in 0.5. If of foreign birth?yrsmos	d
2.		13 fly had	
	(a) Residence: No. (Usual place of abode)	St., Ward	ate
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	4. COMOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR BLYORCED (sorie tha word)	21. DATE OF DEATH april 28,	93.4
5a. 14	merried, widowed, or diverged 2nd marriage Edwar	as.	(Year)
	(or) HIFE of auni K. timber	22. HEREBY CERTIFY That I attended dec	eased from
6 DA	TE OF RIPTH (month day and year) Fel. 11-1870	Heat truth to allow as (15 4) 27	, 19.3.4
		, , , , , , , , , , , , , , , , , , , ,	eath is sai
	64 2 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	1112
Z	8. Trade profession or particular	1 1 D	ate of onset
15		-aucer / Worns bul	anor
UP	work was done, es SILK MILL.	<u> </u>	
log 1	O. Data deceased last worked at 11 Total time (years)		
	year) spant in this occupation		
12. BI	IRTHPLACE (city or town) Yhrshury	Other Contributory Causes of Importance:	
	(State or country) / /a.		
# 1	3. NAME MUPULLY		
V 1		Name of operation	*
		What test confirmad diagnosis? Was there an au'o	psy?
H	5. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:	
Q 1			., 19
	Mean R. F. In The	(Specify city or town county and Street)	
17. IN	(Address) Of Beaulian of Jahren	pecify matner injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BU	IRIAL, CREMATION, OR REMOVAL	Manner of Injury	
	Place alsone am. Date July 3	Nature of Injury	
19. UN	DERTAKER Italynyay + E.	24. Was disease or injury in any way related to occupation of deceased?	
	(Address) Salvely Mayland	If so, specify	
20. FI	LED yn 30,19 B4 V. May Junes	(Signed) Cyll	M. D
-	Registrar.	(Address) Vallatury M. Q.	
	2. 3. SE 6. DA 7. AG NOLLAND 1 12. BI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. PLACE OF DEATH County Village or City Length of residence in city or town where death occurred Village or City Length of residence in city or town where death occurred (a) Residence: No.5 00 Beauch (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR REACE S. SINGLE, MARRIED, WIDOWED, OR DYDREED (Strict tha word) Sa. Hameried, widowed, as diverged 2 and marriage & diverged (or) WIFE of the Samphol of	2. FULL NAME (a) Regignration Dist. No. Willage or City (b) death occurred in a horpital or institution, sive in NyMic instead of street and name length of residence in city or thurn where death occurred in a horpital or institution, sive in NyMic instead of street and name length of residence in city or thurn where death occurred in a horpital or institution, sive in NyMic instead of street and name length of residence in city or thurn where death occurred in a horpital or institution, sive in NyMic instead of street and name in NyMic instead of street and nam

V. S. No. 1

I) . MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	7	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MEVELVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, * H UNFADING INK--THIS IS A PERMANENT RECORD

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH County Wiconica	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Sharptanne (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED Wild (Write the word & James 6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from
7 AGE 7 AGE 1 If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work related by Carpenter (b) General nature of industry business, or establishment in which employed or (employer) Ship building 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 Ulaware (State or country) 13 Ulaware 14 Ulaware Ulaware (State or country) 15 Ulaware (State or country)	(Duration) Contributory Secondary (Duration) Duration) Wisher (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Charlotte Laire 13 BIRTHPLACE OF MOTHER (State or Country) Allaware	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Mrs. Mary Owens (Address) & har plum Md (Address) & har plum Md (Filed Opr, 12 1934 Mary E. Mann)	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL Optil 15. 19 3 H 20 UNDERTIKER DATE OF BURIAL ADDRESS
Registral If more banks are needed, addre, a Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when necded. As examples: (a) business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Servont, Gook, definite salary), may be entered as Housewife, Housetoborer, Furm laborer, Loborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesmon, (b) Grocery; mun, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilleria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pueumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary (name origin; "Cancer" is less definite; avoid peritonacum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

B.-WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

		(131)
county Willomila		Registration Dist. No.
Village of City Saleshury		No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	yrsmos.	ds. How long In U.S. If of foreign birth?yrs mos ds.
2. FULL NAME Tea Horman	7	
(a) Residence: No. Surantipa	ms.	St., Ward.
(Usual place of ab		If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICU		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED 9R DIVORCED (w		21. DATE OF DEATH
5a. If married, widowed, or divorced		(Month) (Day) (Year)
HUSBAND of		22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of		Jany 12, 1934, 10 mach 15, 1934
6. DATE OF BIRTH (month, day, and year)	1866	I last saw him alivo on many 5 , 1934; death is said
7. AGE cleared Months Days	If LESS than	to have occurred on the date stated above, atm.
	rmin.	The PRINCIPAL CAUSE OF DEATH and rolated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		Tropey valvular heart
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and		not to constitution
work was done, as SILK MILL, SAW MILL, BANK, etc.	·	- Casatine Capanilly
11. Total time (
this occupation (month and spant In occupation year) 19-34		
12. BIRTHPLACE (city or town) & and the	ce'	Other Contributory Causes of Importance:
(State or country)		and the state of t
13. NAME Us has		Ortena
13. NAME 14. BIRTHPLACE (city or town). Alexandra Alexandra (City or town).		Name of operation Date of
4. BIRTHPLACE (city or town).		What test confirmed diagnosis?
15. MAIDEN NAME		23. If death was due to external causes (VIOL ENCE) fill in also the following:
I Comment		Accident, suicide, or homicide?
(State or country)		Where did Injury occur?
2- 2- 2 1	A	(Specify city or town, county and State)
17. INFORMANT Place Mi Dry Chamble	and	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	ra	
Place Perhales Is som pate afrix	7 ,1904	Manner of injury
1 71/1 / 4		Nature of Injury.
19. UNDERTAKER As HI My ask		24. Wes disease or injury in any way related to occupation of deceased?
(Address) Salishary	120	If so, specify
20. FILED YN 7, 1937 4 May S	unier.	(Signed) M. D.
	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AGREAU V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

MOTHER FATHER

V. S. No. 1

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	199
:	- PLACE OF DEATH		<u> </u>	
	County VI Com	00	Registration Dist. No. 33	3
	Village or City	coling	No. 209 Phile ave. st 9	Ward
	Length of residence in city ox town where deat	h occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and numb	er)
	FULL NAME	(B)	Laurard.	ds
	(a) Residence: No. 263 Plus	· (1.06) - (in	e la 9	
0.5		(Usual place of abode)	St., Ward. If nonresident give city or town and State	3
_	PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	11
14	When White	sungle	(Month) (Day)	(Year)
38.	If married, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I attanded decea	
	(0)	5.5 (05.1		19
	DATE OF BIRTH (month, day, and year)	nl J-1439	I last saw h eliva on daa	
7.	AGE Years Months	Days If LESS then 1 day,hrs.	to heve occurred on the date stated ebove, et. 3. Am.	
_	John John	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	te of onset
NO	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
OCCUPATION	9. Industry or business in which		11001300	
CUF	work was done, as SILK MILL, SAW MILL, BANK, atc		0100 140100	
00	10. Date decassad lest worked at this occupation (month and	11. Total time (yaars) spant in this		
	yeer)	occupation	Other Contributory Causes of Importance:	
12.	BIRTHPLACE (city or town) (Stata or country)	my MQ		
œ	13. NAME Walson	arrivad		
FATHER	V0.1	1 Lugious		
F	(State or country)		Neme of operation Date of	
ER	15. MAIDEN NAME & un come	Mushall	Whet test confirmed diegnosis? Was there en autops 23. If death was due to externet ceuses (VIOL ENCE) fill in also the following:	y?
OTHER	16. BIRTHPLACE (city or town)		Accident, sulcide, or homicide? Date of Injury,	10
Σ	(State or ouniry)		Where did injury occur?	13
17.	INFORMANT (Address)	y Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	F 0 . 2 2 21	Manner of injury	
	Place Tome premiser	Data 4 3 , 19 34	Neture of Injury	
19.	UNDERTAKER J. Statson	Hayward,	24. Wes disaasa or injury in any wey ralated to occupetion of deceesed?	
-	(Address) Salisbur	y Ind (acting)	If so, spacify	
20.	FILED Upv 3, 1934	J. May June	(Signad)	M. D.
	/	Registrar.	(Addrass) Ualishing II Q	,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAN	ID—CERTIFICATE OF DEATH 0420
1. PLACE OF DEATH	and (23)
County ///Come	Registration Dist. No. 14 3:
Village or City Man Ollman	No Salety 180 #2 St. 11
Langth of rasidence in city or town where death occurredyrs.	(If death occurred in a hospital of institution, give its NAME instead of street and number) mosds. How long in J. S. if of foreign birth?
2. FULL NAME Ethel Mar I	Dans 9611
1. 1. m. In	9 # 2 11
(a) Residence: No Salutary / 4. (Usual place of abode)	St., // Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEE 4. COOR OF RAFE 5. SINGLE, MARRIED, WIDO OR DEVERCED (white the	
Jemel 11 me Hame	(Month) (Day) (Ye
5a. If marriad, widowed prodivorced	7
(or) WIFE of / Valler / Hell	22. I HEREBY CERTIFY That I attended decases
6. DATE OF BIRTH (month, day, and year) Feel. 2 -19.	13 I last sew h. 3 elive on Afra / V 1934: deeth
7. AGE Years Months Days If LESS	12 13
21 2 9 1day,	I WHICH WE CHOSE OF DEVIL CHAIL CHAILS CARSES OF HIMPOTERICE
8 Trade profession or perticular	min. were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	h trule Miliany Tubrentino
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- of lungs 42
0 10. Date daceesed@at worked at 11 Total time (years)	0
this occupation which end 935 spent in this occupation	
10 MATURE OF CHILD Solve Commence	Other Cautributary Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	A towny ugg relate
I 13. NAME Enut Daw	Chan II II
14. BIRTHPLACE (city or town Real Property 9)	Name of operation Dete of
(State or country) mayland.	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Clara Brown	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) War Prepublic	Accidant, suicide, or homicide? Oate of Injury, 19.
(State of country) may land,	Where did Injury occur?
17, INFORMAN Mu Clara Daw	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) RD-4 Salesting Mange	and
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date	Nature of injury
19. UNDERTAKER HILL BY THE CO. P. P.	24. Was disaasa or injury in any way related to occupation of daceesed? 2
(Addrass) Saheful May a .	If so, specify
20. FILED H-14-, 1934 Hargh Dudge	(Signad)
	strar. (Addrass)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	}		

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

1. PLACE OF DEATH .	93-2
County Mecorcio	Registration Dist. No. 14 336
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Q/\10 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	40
2. FULL NAME If Allein Smith Ha	leftenz
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Only). (Year)
54. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C. Hitchens	22. THEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 15 1846	I last saw harmalive on 1/2, 1924; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.7.75 P.m.
88 2/ 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Archivel Communication	Elisme My Cardilos sudefin
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributor Causes of importance:
(State or country) (State or country) (State or country) (State or country)	J. Cardin Belalson
13. NAME 13. NAME 14. BIRTHPLOP (city or town)	Name of operationOate of
(State or country) Dellawale	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in else the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
17. INFORMANT MOS & Locky	Where dld injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Gelma	
18. BURIAL, CREMATION, OR REMOVAL Place Sarvel Held Coroate 4-5-, 1934	Manner of injury
19. UNDERTAKER Well S. Smarrel	24. Was disease or injury in any way related to occupation of deceased?
(Address) bulman (sel.	If so, specify
20. FILED Ho-H - 1934 Harry & Hudson Registrar.	(Signed) TT3 NUL M. O. (Address) Diffusy DS

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4202
1. PLACE OF DEATH	59
County Wugners	Registration Dist. No.
	who General Haspy St. 13 Ward
Length of residence in city or town where death occurred vrs mos	death occurred in a horpital or institution, give its NAME (instead of street and number)
Mal. a 7/0,6	2' ~7
2. FULL NAME A Selle U. Holate	Or my City Nel
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give gity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIYORCED (warie the word)	21. DATE OF DEATH Will 15 (193) (193) (193)
5a. If marriad, widowad, or divorced HUSBANO of	
(or) WIFE of Stenhen Holston	22. HEREBY CERTIFY, That I attanded deceased from
+ 1 d + 1 m 4	19 7,10 944 13 19 4
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than	I last saw have accurred on the date stated above, at 3 m. m.
6 / f day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trada, profession, or particular	wera as follows:
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	har are be cleaned
of 1 3 Industry of Dusiness in which	The state of the s
work was done, as SILK MILL, fausewife	
f0. Date daceasad last worked at this occupation (month and spant in this	
yaar) occupation occupation	Other Contributory Causes of Importance;
12. BfRTHPLACE (city or town) (State or country)	Diabeles
~	
I	
14. BIRTHPLACE (city or town) / // (State or country)	Name of oparation
	What test confirmed diagnosis? Was there an autopsy2
T	23. If daath was due to extarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
1 1 7 0 4	Where did injury occur? (Specify city or town, county and State)
(Addrass) Beay City Ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Delate Age to harden Data Ugul - 1. 1. 1934	Nature of injury
19. UNDERTAKER 10. 10 10 10 10 10 10 10 10 10 10 10 10 10	24. Was disease or Injury In any way ralated to occupation of decaased?
20. FILEO Gra. H. 1934 V. May Junes Registrar,	(Signed) MCMM M. D. (Address) Achieben M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
, and the state of	-y C Oricce, Dunninger, Acquening V. J. 110. I.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ADDITIONAL	SPACE FOR	RFURTHER	STATEMENTS	BY	PHYSICIAL
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STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH OCCI Jo pluods County / LComic Registration Dist. No. 9 Jo (If death occurred in a horpital or institution, give its NAME instead of street and number) Every PHYSICIANS Length of residence in city or town where death occurred statement How long in U.S. if of foreign birth?_____yrs.____mos. RECORD. (a) Residence: No. St. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH PERMANENT CTL (Month) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of B certificate. properly 7. AGE Months Davs stated If LESS than I dayhrs. The PRINCIPAL CAUSE OF DEATH and related caoses of importance or_____nin. 8. Trade, profession, or particular THIS OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.___ Jo may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. plnods 10. Dato deceased last worked et 11. Total tima (years) spent in this on this occapation (mosts and - year) Telsent Time 193 that instructions occupation _ ADING Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation. plain (State or country) be carefully What test confirmed diagnosis? MOTHER Important. 15. MAIDEN NAME in 16. BIRTHPLACE (city or town). (State or country) Whera did injury occur? ... DE should 17. INFORMANT Ver OF (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Manner of injury GAUSE mation Nature of Injury LION 19. UNDERTAKER .. (Address) If so, specify ğ

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way raiated to occupation of deceased? Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

That I attended deceased from

Date of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALMEAL V. S.			
Other contributory causes of importance:	فير	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04204
1. PLACE OF DEATH	9
county // Comico	Registration Dist. No. 333
Village or City Salutury Maryland	Now202 Oak St. 13 Ward
Length of residence in City or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Janisas Lee, Hud	em
(a) Residence: No. 202 Oak st. Sality	St/ /3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Semale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (youth) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	all 6,1934 to afect 20, 1934
6. DATE OF BIRTH (month, dey, and year) Dec. 21, 1932	I last saw her alive on the 20 , 1934; death is said
7. AGE Yeers Months Days If LESS than 1 deyhrs.	to have occurred on the date stated above, atm.
/ 3 27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	B. Precusa Hall
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this pecuastion (month and the standard of the second in this second in	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
P.S. Haraital	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	Perlins
13. NAME Richard & Huden	
13. NAME / Charge Hyden 14. BIRTHPLACE (city or town) Streetelong	Neme of operation Dete of
(State of country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Coma a Callery 16. BIRTHPLACE (city or town) Place Parenty	23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) Place Parent	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT Welland & Stranger MA	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION OR TEMOVE Church Com. Complex 34	Menner of injury
19. UNDERTAKER Hollowy + G.	24. Was disease or injury In any way releted to occupation of deceased?
20. FILED An 2279 2/4 V. May June	If so, specify (Signed) M. D.
Registrar.	(Address) Seelinlery Ind.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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vi.	
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			IAIL	JE MIA	KILAND	CERTIFICATE	OF DEATH	04200
1.	PLACE C	4.0	, P		20/	(It-as)		122
	County	11.00	mi ce	(1.	9.1. P	Registration Dist. No.	900
	Village or	City 10	abole	4/1	1. J	No.3/1./2ar	St. ution, give its NAME instead of street	, J Ward
	Length of re	sidence in ci	ty or town where	death og urred.	/		of foreign birth?yrs	
2.	FULL NA	MF 4	Orla	ld to	renk	THE HATCHEST FOR	0	
	(a) Reside	2	311. R	urla	11/1	Lst 5 Ward		
	(4) 1103140	noo. Ito.		(Usual pla	ice of abode) Mo	77	If nonresident give city or town	n and State
	PERSO		D STATIST			V	ERTIFICATE OF DEAT	Н
3. SE	m. 0	4. coto	R OF RACE		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	anil 11	
//	The	11/	mu	/en	zu.	***************************************	(Month) (Day)	(Year)
	married, wido HUSBAND of	wad, or divo	rced	//	7	22 I HEREB	Y CERTIFY. That I atter	ndad daceasad from
	(or) WIFE of		-	U		april 9	1934 to Open	1/ 1039
6. DA	TE OF BIRTH	(month, day	y, and yeer)	Tarch	26. 1933	I last saw head alive on	april 10 10	346; death is said
7. AG	E Ye	ers	Months	Deys	If LESS than	to have occurred on the date stat	led above, et 10.152 m.	
		/	0	21	1 day,hrs	The PRINCIPAL CAUSE OF DEA	TH and related causes of Importance	
2	8. Trade, prof	ession, or pa	articular	Dr.			Manual Internation	Date of onse
PATION			as SPINNER, PER, etc.	Lone			•	4//
	9. Industry or work w	business in as dona, as S LL, BANK, a	which SILK MILL,			Browcho	- successions	10/3
D 1	O. Dete decee	sed last wor	ked et	11. Tot	el time (veers)			////
0	this occ year) _	upation (mo	nth and		el time (yeers) pant in this ecupation			
	INTURI LOS (Jak	Jan	- 1	Othar Coutributory Causes of imp	portanca:	
12. B	(Stata or co			10	ma.	2 01	***************************************	1/2/3
HER	I3. NAME	Flia	nk 6	. 15	ruch.	angu	2	19/0
_	4. BIRTHPLAC	E (city or to	Luc	20	10	Name of operation	Date	of
E .		r country)	WII)	XIL	lena-		Was thara	
1 1	15. MAIDEN N	AME	Elin	Par	eme		uses (VIOLENCE) fill in elso the follo	
5,	I6. BIRTHPLAC	E (city or to	wasali	itung	no. 1	A SELECTION OF THE PARTY OF THE	Dete of injury	
W I		r country)		0/	Ma.	Whare did injury occur?		
17 17	NFORMANT	Fira	ME.	HRE	ufun &	Specify whather injury occurred in	(Specify city or town, county and in INDUSTRY, In HOME, or In PUBLIC	d State) C PLACE.
	(Address)	3/1.12	acla,	assh	betry/11	A		
18. B	URIAL, CREAD	TION, OR R		Con	.0/12 20	Menner of injury		
	Placa/	an	an flux	M Date Lye	1957	- Natura of injury		
19. U	NDERTAKER _	HIE	Loway	roll.	/	24. Was disaasa or injury In any v	way related to occupation of daceasad	170
	(Address)	Sal	refresh	1119	*	If so, spacify	R Mann	
		11	1011	+ 1111	1. 1	(Signed)	- // / /	M
20. F	LED Ch	1/1	19.5%	· vu	y june	(Signed)	Dale to	C

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BI B				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1401)
County////Computes	Registration Dist. No. 333
Village or City Calufry Mg,	No.206 Hashington St. 13 Ward
Length of residence in city or town where death occurred 3 yrs	If death occurred in a horpital or institution, greats NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME / da E. Kersey.	1 0 1
(a) Residence: No. 206. Washington	St. Ward Saleting Ma.
(Usus) place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS 3.52X 4. OHOR R RACE 5. SWILE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Jemale White Mirie the ford	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of Cory WIFE of Sloves H. Kersey,	22. I HEREBY CERTIFY. That I stended deceased from
6. DATE OF BIRTH (month, dayland yeer Dec. 24 1/876	I last saw h elive on
7. AGE Yeers Months Days IT LESS than	to have occurred on the date stated ebove, at 105 4 m.
54 4 0 1 dey,hrs.	mare as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Muhat Humany 4-17-3.
work was done, es SILK MILL, at Home	
- 1 Spantin tina	
yeer) occupation	Other Coperbutory Cause of importance:
12. BIRTHPLACE (city or town)	Chamber Helenta
I 13. NAME II. Hastings	
13. NAME 14. BIRTHPLACE (Lity or town) Salusty 999	Name of operation Dete of
(State of country)	Whet test confirmed diagnosis? Wes there en au'opsy?
E 15. MAIDEN NAME Jenna Magey	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Levisa Magey 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 9.06 / Washington St Salita	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Piece Tarana Can Date Gail 26, 33	Manner of injury
Hallow 181	Nature of injury
19. UNDERTAKER (Address) Jaluty Mayland	24. Was disease or injury in any way related to occupetion of deceesed?
20. FILED apr 26, 1934 & May Turne Registrar.	(Signed) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1.	PLACE OF DEATH County Miconico		-CERTIFICATE OF DEATH	1208
	Village or City Quark	in	No. Registration Dist. No.	V
	Length of residence in city optown where	11 ,/(If death occurred in a hospital or institution, give its NAME instead of street and	ward
2.	FULL NAME Charles	to Enily Rober	ds. How long in U.S. if of foreign birth? yrs. m	0\$d\$
	(a) Residence: No. Yuan	(Usual place of abode)	St, Ward. If nonresident give city or town and	State
	PERSONAL AND STATIST	TCAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	enale It lite	5. SINGLE, MARRIED, WIDOWED, OR DIXORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 4/. (Year)
5a. II	marriad, widowed, or divorced HUSBAND of (or) WIFE of	Kerrerly	22. I HEREBY CERTIFY, That I attended	deceased from
6. DA	ATE OF BIRTH (month, day, and year)	Days If LESS than	to have occurred on the data stated above, at 5.45 Pm.	; death is said
1	87 7	1 day,hrs.		Date of onset
CCUPATION	8. Trade, profession, of particular / kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	U Hone		1001
CUPA	work was done, as SILK MILL, SAW MILL, BANK, etc.		Myo carded of my filling	1921
8	O. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	//-/-	-/
12. B	IRTHPLACE (city or town) / / / / / (State or country)	ula J	Other Contributery Causes of importance:	
1 1	3. NAME Samuel	3thise		
FATHER	4. BIRTHPLACE (city or town)/	auclard	Name of operation	
1 1	5. MAIDEN NAME Bekey an	n) Hainwick!	What tast confirmed diagnosis?	
-	6. BIRTHPLACE (city or town)		Accident, suicida, or homicida?	
-	(State or country) IFORMANT MAS Anni (Addrass)	e Robeits,	Where did injury occur?	CE.
18. BI	URIAL, CREMATION, OR REMOVAL Place Duanting The	P. Date 4/18/34 19	Manner of Injury	
19. UI	NDERTAKER J. J. J. J. K. (Addrass)	Jelnen Co.	24. Was disaasa or injury in any way related to occupation of daceasad?	70
20. FI	LED World (1934 MM)	of m. Wallall	(Signed) (Address) Dalis Eng W.	M. D.

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	BUPEAU V.S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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TION is very important. See instructions on back of certificate.

state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04210
1. PLACE OF DEATH	(P6-0)
County Willowice	Registration Dist. No. 33 /
Village or City Simulae Ma	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Office R. Langrall	
(a) Residence: No. Billie elle	St., Ward.
(Usual place of abore)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the prod) Timele Totale Totale Totale	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel A. Langrall	22. I HEREBY CERTIFY. The I ettanded deceased from 3-23-34 19 to 4-12- 1934
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 4 / 6, 19 2 4; death is seid
7. AGE Years Months Pays If LESS than	to have occurred on the data steted ebova, et. 4-1-m.
66 9 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Distelle Come
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month end	Fracture, neck of famur Due to accidental
10. Date daceased last worked at this occupation (month end year) spart in this occupation # 5	falls Slipped on ile a 2rd fell. Cane
12. BIRTHPLACE (city or town) Birales	Other Contributory Causes of importance:
(State or country) La 13. NAME John Larmore	with of it deman.
14. BIRTHPLACE (city or town)	Name of operation Date of
(otate of county)	What test confirmed diegnosis? Was there en eu'opsy?
15. MAIDEN NAME Hester as Munes	23. If death was due to external causes (VIOL ENCE) filt in elso the following:
15. MAIDEN NAME Yester Colores 16. BIRTHPLACE (city or town) Birselve Ma (State or country)	Accident, suicide, or homicide? Accident. Dete of injury
17. INFORMANT Dertryal Languell.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Acceptantal fall.
Piaca Dissall CALL Date Affect 1957	Nature of injury Frostuce neck of fermer.
19. UNDERTAKER Office Leading & South	24. Was disease or injury in eny way releted to occupation of deceased if so, specify
Q1 11 4 P711 - 1711 -01 -	(Signed) D alle Sields M. D
20. FILEOURN J. O., 19 J. Word ord Watter. Registrar.	(Address) muntisika na

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	tation should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING I	nation should be carefully supplied. AGE	AUSE OF DEATH in plain terms, so that	10N is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		122-0	
County Wild Micely		Registration Dist. No. 3	3.7
Village or City Land and		NoSt.,	Ward
		death occurred in a hospital or institution, give its NAME instead of street and n	
Length of residence in city or town where death occurred	yrsmos.	How long in U.S. If of foreign birth?yrsmo)sds.
2. FULL NAME JOHN JOUCE TO	ample	OTEL	
(a) Residence: No. Juliana a	Mel	St., Ward.	
(Usual place of ab	- 4	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICU		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED OR DIVORCED (w		21. DATE OF DEATH Chil	
male white marris	col	(Month) (Day)	, 1937 (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of	,,,	2 . LUEDERY CERTIES That Lathradad	danaarad fram
(or) WIFE of Sallie anna La	nRlord	2. MONE 25 103 Y WENT 3	Jaceased from
6 DATE OF BIRTH /month day and ward	-118/5	Hast saw h alive on affaul 3 193 x	: daath is said
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days	If LESS than	to have occurred on the data stated above, at \$\(\omega \	, dadii 15 Said
100 11 -3 1	day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
8. Trade, profassion, or particular	rmin.	were as follows:	Date of onset
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	12	dalslar Mucumone	
9. Industry or business In which		duration: I days! Entroler	
work was done, as SILK MILL, SAW MILL, BANK, etc		- Swifter	
kind of work dona, as SPINMER, SAWYER, BOOKKEEPER, etc	(years)	Went 10 10 h at 10	
year)	onQ	Hermotomy buformed for strangulated has	la.
12. BIRTHPLACE (city or town) Tytuskeni		Other Contributory Cappes of importance:	
(State or country)	,	Carl-less)	
13. NAME deriver of I am A	blond		,
14. BIRTHPLACE (city or town) Jyasani.	July 19	None of course of the second course on the	24 - 0
4. BIRTHPLACE (city or town)	/	Name of oparation Date of	
15. MAIDEN NAME Hettie Description		What tast confirmed diagnosis? Was thera an a	
I / Vital digital distribution	~	23. If death was due to external causes (VIOLENCE) fill in also the following	
O 16. BIRTHPLACE (city or town)		Accident, suicida, or homicide? Date of Injury	, 19
11 0 11. 1.11	1/2/	Where did Injury occur? (Specify city or town, county and State	e)
17. INFORMANT (Address)	pory	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL	(Adam and to the second	
Place It Marys Censate EDAV.	6 1934	Manner of injury	
1 10001	1	Nature of Injury	
19. UNDERTAKER MISS LOW PLANES TO	ans.	24. Was disease or Injury In any way related to occupation of deceased?	
(Address)	71/ 01	If so, specify	
20. FILED Woolford 1	Walter	(Signad) College October	M. D
	Registrar.	(Addrass)	nd

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TION is very important. See instructions on back of certificate.

N. B.-WRITE PLAINLY, WITH

STATE	OF	MARYL	AND-	-CERTIFI	CATE	OF	DEATH	04212
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1. PLACE OF DEATH	92-0
County Liconico	Registration Dist. No. 333
Village or City Salisbury	No. 771/1/ Cander are, st. 13 Ward
/ / / (If	death occurred in a horpital or institution, give its NAME instead of street and number)
(1) $m \sim 1$	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME (TAX) // Caus	
(a) Residence: No. YY / / Anda (Usual place of abode)	/ St., 1.3 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male) OR DIVORCED (winge the word)	aful 10 193 L
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
21 1/2 1200	april 6 ,1934, to afra 10 ,1934
6. DATE OF BIRTH (month, day, and year) Self. 73, 1877 7. AGE Years Months Days I If I ESS than	I last saw halive on, 19.1; death is said
7. AGE Yaars Months Days 1f LESS than 1 day,hrs.	to have occurred on the data stated above, at 1/2/5_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trada, profession, or particular	wera as follows:
o kind of work done, as SPINNER, Luied fixmen	mystudius
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, atc.	
shall till tills 1/1/1	
yaar) occupation 10448.	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town)	mutual regunstation
	0
13. NAME Junes Caus 14. BIRTHPLACE (city or town) - J. J.	
4 14. BIRTHPLACE/(city or town) (State/or country)	Name of operation Date of
	What tast confirmed diagnosis? Was there an autopsy?
H TANK TRACK SOVIET	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicida? Data of Injury, 19
CELLUI Kans	(Specify city or town county and State)
17. INFORMANT (Address) The ball of the first of the firs	Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Salla facility / ADate 4/11/34, 19	Nature of Injury
19. UNDERTAKER I'VE Itill & Officer Co.	24. Was disaasa or Injury in any way related to occupation of daceasad? 20
(Address) Saliahung Mad.	If so, specify
D. FILED apr 12,1934 & May Jurner	(Signad) MMMarken M. D.
Registrar.	(Address) Sulvy his
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1 mm
County//storneto	Registration Dist. No. 33.3
Village or City Place Parsonstry JAG.	No. Wilman Del. P.D #3 St. 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME TOTAL	
(a) Residence: No. Man. Parsynsfy Mel	St., 5 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGRE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR MORCED (write the word)	april. 2/
5a. If married, widowed, or divorted	(Month) (Day) (Year)
HUSBAND of Cory WHEE of	A. HEREBY CERTIPY That attended deceased from
more fant justice	Coper 137 10 Cl Beef 21, 1934
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on Con 21, 1934; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date states above, et J. Sem.
83 7 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade profession or particular	Oate of onset
kind of work done, as SPINNER, Harry SAWYER, BOOKKEEPER, etc.	(assumed Starach 1934
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK etc.	Λ
SAW MILL, BANK, etc. 10. Date deceased last, worker at this occupation may be and the second of the	<i>L</i>
this occupation ment and 933	
Mar Paral L	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) (State or coviety)	
	Herelly
I Man // Po	
14. BIRTHPLACE (city or town) lac. file on the country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Kachel Hacking	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) hear following (State or country)	Accident, suicide, or homicide?, Date of Injury, 19
(State of Country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address Melmas AND). Ph#3	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, GREMATION, OF REMOVAL	M
Plate Meet Grove Coolage 24 34	Manner of Injury
Theology B	Nature of Injury
19. UNDERTAKER OF COMPANY OF COMP	24. Was disease or injury In any way related to occupation of deceased?
0. 24 47 1. 12/201	If so, specify 2 Broken
20. FILED Agril, 1934 . May Junes	(Signet) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

County U1 com	حی	Registration Dist. No. 333
Village or City Culu	Muy	No. 502 Davis 4. St., 5 Wal
Length of residence In city or town where	death occurred yrs mg	f death-occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmos(
2. FULL NAME Still	bone 1	Nassey
(a) Residence: No. Salu	Spring, Mid	St., Ward.
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Sentenown White	OR DIVORCED (write the word)	193 J
5a. If married, widowed, or divorced HUSBAND of		(Month) (Oey) (Year)
(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from the second se
6. DATE OF BIRTH (month, day, and year)	1.78-1934	last saw h alive on 19 deeth is se
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		1 () () () ()
9 Industry or husiness in which		2000-
work was done, as SILK MILL, SAW MILL, BANK, etc	11 Tatal Alma (ware)	21105
this occupation (month and year)	11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Sal	ishin	Other Coutributory Causes of Importanco:
(State or country)	nd. A	-
# 13. NAME W. S. Ma	ney	
14. BIRTHPLACE (city or town) (State or country)	0	Name of operation Date of
15. MAIOEN NAME Eli 2 ale	He Was P P.	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town)		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	unean of	Where did Injury occur?
17. INFORMANT DUPLE CO	July A	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Salson 18. BURIAL, CREMATION, OR REMOVAL	ury, Mg.	
Piace posed J.	Pate apr 29, 1934	Manner of Injury
19. UNOERTAKER A DSA. A.	used Ration	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Paliston	my med	If so, specify
20. FILEO apr 29, 1934 & 2	May Turner.	(Signed) MM M
	Registrar.	(Address) Salisbury M.S

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Example I	ļ.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 7 1855			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	04915
1. PLACE OF DEATH	(31)	04410
County Micomico	Registration Dist. No.	7 336
		Ward
Langth of residence is situ as town where the the	If death occurred in a hospital or institution, give its NAME instead of street and	d number)
		mosds.
2. FULL NAME Margaret ann Olyt	art	
(a) Residence: No. Ollman	St, Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town at	nd State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED.	MEDICAL CERTIFICATE OF DEATH	
OR DIVORCED (write the word)	21. DATE OF DEATH	1934
5a. If married, widowed, or divorced	(Month) (Dey)	(Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Just 1, attende	d daceased from
Willand olyfart	Ma 10 , 1934 to Afry 12	1972
6. DATE OF BIRTH (month, day, end yaar) 24 23 1852	I last saw h A alive on Apr 12 1934	a; daath is said
7. AGE Yaars Months Oays If LESS than	to have occurred on the date stated above, at	
8/ 6 19 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as bollows:	
8 Trade profession or particular	Chrome richards	Date of onset
kind of work done, as SPINNER, At Harre	Im ocuralis	2 m
S. Trade, Potession, or Particular, and the Mind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate deceesed lest worked at 11. Total time (yeers)		
SAW MILL, BANK, atc		
O 10. Oate deceesed lest worked at this occupation (month and year)		
	Othar Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country) (State or country)	- Of	
C 12 MANE	- Hanne Coma	74 hom
13. NAME 14. BIRTHPLACE (city or town) Elijak, Oarby		
14. BIRTHPLACE (city or town) Classical Carbon (State or country)	Name of operation Data of _	
1 I we see the	What test confirmed diagnosis? Was thera an	
15. MAIOEN NAME Sand Olliott 16. BIRTHPLACE (city or town)	23. If daeth was due to axternal ceuses (VIOL ENCE) fill In also the following	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
- (State of country) sections	Where did injury occur?(Specify city or town, county and St	ota)
17. INFORMANT Left Olyfford (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL Vailmer Leil	Manner of injury	
Plece 17 . Com Oete 4-14-, 1924	Nature of injury	
19. UNDERTAKER Still & Sname	24. Was disaase or injury In eny way ralated to occupation of daceased?	
(Addiess) Lelman Leal	If so, specify	
20 ELEPH-14- 134 HARRI & H. James	(Signad) Alt Ly nel	M. D.
Registrar	(Addrage) (Allongs Del	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other and the term of inspectors		Other contributory causes of importance:	
Other contributory causes of importance:		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

11	N. BWRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ement of OCCUPA-	TION is very important. See instructions on back of certificate.
ואפ	VENT RECORD.	TLY. PHYSIC	fied. Exact stat	
MARGIN RESERVED FOR BINDING	IS IS A PERMAN	e stated EXAC	e properly classi	f certificate.
IN REDERVE	DING INK-TH	. AGE should b	so that it may b	ections on back o
MARKE	Y, WILL UNFA	arefully supplied	H in plain terms,	rtant. See instri
	WRITE PLAINL	nation should be	CAUSE OF DEAT	FION is very impo
	N. B.	(7	-)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0421
1. PLACE OF DEATH	46
County // Commes	Registration Dist. No. 332
Village of City Petterille Md.	No. St., 4 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds
2. FULL NAME Mary a. Parker	Jan 111111111111111111111111111111111111
(a) Residence: No. A Puttarille My	St. 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR SOURCE (Write the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widower or divorced	(Month) (Day) (Year)
(or) WIFE of brathan Parker	HEREBY CERTIFY That I all all all all all all all all all a
Mars 20- 1851	19346 (1997)
5. DATE OF BIRTH (wonth, day, and year)	to have occurred on the date stated bove, at 2/3 m
75 5 7 1 day,hrs:	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, House work	-auman / han 193.
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased laft worked at his occupation workh and	and Hand Bensa
this occupation this and	<u> </u>
year) occupation occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city of town) Mar / Marille	
(State or country) Mayland	Dunie Glorgespletin 193
13. NAME fram Bailey 14. BIRTHFLACE (city or town) Plane Patterfife	0 0
14. BIRTHPLACE (city or town) Man Mary (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME And Smith 16. BIRTHPLACE (city or town) Man Whelevelle.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homiciae?
on althous the bis	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
7. INFORMANT (Address) Pelleulle May 6	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Illerille Cem Date your 30, 1934	Nature of injury
9. UNOERTAKER Hollowy + Co. (Address) Salution Mariland	24. Was disease or injury in any way related to occupation of deceased?
20, FILE Upr. 20, 1924 Fillian R. Dave Registrat.	(Signed) Cearles Market M. D. (Address) Alexander Line)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis? ECE VEL	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 7 150	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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FOR	
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RESERVED	
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1		CERTIFICATE OF DEATH
1	. PLACE OF DEATH	R2=0
	County///Come o	Registration Dist. No. 333
	Village or City Parenthy My	No. St., 5 Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2	. FULL NAME annie S. Par	som
	(a) Residence: No. Parsmithing Ma	St 5 Ward
	(Usual place of abode)	If nonresident give city or town and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	SEN 4. COLOR OF RACE 5. SINGLA, MARRIED, WIDOWED OR DESCRIPTION THE WORLD	21. DATE OF DEATH (Month) (Dey) (Par)
a.	if metried, widowed or divorced HUSEANE of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
	(OT) WIFE OF SILLIAM S. Parsons	April 28 193 4 to Office 28 193 4
. I	DATE OF BIRTH (month, dey, end year) May 7, 1879	i last saw her alive on 4/2 F 3 C 19 ; death is said
7. A	AGE Years Months Deys If LESS then	to heve occurred on the date steted ebove, et 4.45 Pm.
	54 // 2/ 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
5	8. Trede, profession, or particular kind of work done, as SPINNER,	Date of onset
E	SAWYER, BOOKKEEPER, etc	Central Hemorhage
늘	work wes done, as SILK MILL, SAW MILL, BANK, etc.	
3	10. Date deceased last worked at this occupation (month and find year) 11. Total time (years) spent in this occupation occupation	
12	BIRTHPLACE City of town) Parent tay	Other Contributory Causes of importance:
16.	(State or country) M.Q.	
4	13. NAME ame Robert Justill	<u> </u>
FAIHER	14. BIRTHPUCE (city or town) Parentyly	Neme of operation Date of
-	(State or country)	What test confirmed diegnosis?
HER.	15. MAIDEN NAME / Helley.	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
2	16. BIRTHPLACE (city or town) Aremity	Accident, suicide, or homicide? Date of injury, 19
-	(State or country)	Where did Injury occur? (Specify city or town, county and State)
17.	INFORMANT / Many	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Name of the control o
	Place Farsmily Central May 1. 1934	Menner of injury
19.	UNDERTAKER Holly hog + C. 10	24. Wes disease or injury in any wey releted to occupation of deceased?
	(Address) Salufely margland.	If so, specify
20.	FILED May 1, 19 B 4 May Jumes Registrar.	(Signed) (Olland) M. D. (Address) Declaration Just
	#	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAU V. S.	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
TANK AVELE OF 17 FEB	DI ALCID I	TO T O TOTALITIES	CATAXAMMENTALE	17 1	I II I DI CIZI

BINDING

RGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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ADDITIONAL SPACE	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

	F MARYLAND-	CERTIFICATE OF DEATH	421
1. PLACE OF DEATH	V/- // acc	82-0	
County // Corrue Co	1	Registration Dist. No.	33
Village or City Salishe	y Mg	No. 313 Bakken St. 3	- Wa
Length of residence in city or town where de	(1	f death occurred in a horpital or institution, give its NAME instead of street and nu	mber)
m. II.	ath occurred yrs mo	ds. How long in U.S. if of foreign birth?mosmos.	
2. FULL NAME / / WWW	na F. / Ty	11.1 9.1	
(a) Residence: No. 3/3 B	and of	St., Ward Caluly 1114,	
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and S	tate
1		MEDICAL CERTIFICATE OF DEATH	
1 2/-1-	S. SINCOE, MARRIED, WIDOWED, OR DIFORCED write the word)	21. DATE OF DEATH assist. 29	4
Jemai //mia	Marin	(Month) (Day)	(feer)
5e. If married, widowad, or divorced	70	22. HEREBY CERTIFY, That attanded de	
(or) WIFE of Merry	1.1 m	who I 134 to along 9	todased 1
6. DATE OF BIRTH (month, day, anyear) Fre	1 /22-1853	I last saw per elive on afr be 1934;	double in
7. AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, at 7	deeth is
79 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance	
8. Trede, profassion, or perticular	ormin.	ware as follows:	Dataofor
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc.	m work		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et	9	Comment of the commen	
SAW MILL, BANK, etc.	Hm	Gremay Course: Corebal hemorelage.	
10. Date deceased last worked et this occupation (month and	11. Total time (yaars) spent in this	Queson 8/0/1935	,
year)	occupation	Other Contributory Causea of importanca:	
12. BIRTHPLACE (city or town) Man	ymen home	Control Control of Importance:	9 4
(Stata or country)	<i>7.</i>		
13. NAME frank	Pury.		
14. BIRTHPLACE (city or town) Near	Printer ann	Name of operation Deta of	
(State of country)	nagland	Whet tast confirmed diagnosis? Was there en eut)
# 15. MAIDEN NAME Lead	Pure		opsy! _
H IS DISTURBLE OF CHILD	Prince 6	23. If daeth was dua to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)		Accidant, suicide, or homicide? Date of injury	, 19
John G.	Pine	Where did injury occur? (Specify city or town, county and State)	_
17. INFORMANT Au C. (Addrass) Prince an	I md PD 4	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	0	Manage of Injune	
Place aremo Com.	Date May . 1 , 1934	Mannar of Injury	
glella 1	0	Natura of Injury	
19. UNDERTAKER (Addrass)	and a	24. Wes disaase or injury in any way ralated to occupation of daceased?	0
no. 1 hou 1.	h. Or	If so, spacify	
20. FILED May 1, 19 37 V	May June	(Signed) N: N. Walle	M
	Registrar.	(Address)	

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AAAA .			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE C	OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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Б	9	100	/	-	к	п
1	3	7	4	100	4	ľ

1. PLACE OF DEATH			2.3	
County Mileoni	co		Registration Dist. No. 33	3
Village Dr City Frank Length of residence In city or town wh	thouse	A	No. St., Greath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos.	
2. FULL NAME & dgo	Robe	to ,		
(a) Residence: No.	Mullo: (Usual place	of abode) Mg	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATE	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April (Month) (Your Day) (Your Day)	edr)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	na		22. I HEREBY CERTIFY, That I attended decease	
6. DATE OF BIRTH (month, day, and year)		1881		
7. AGE about Months	Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	of onnet
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	~~		Pulmen any Henrichald	71 011861
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 3. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	Lahon	- 011	Trought and med.	
10. Date deceased lest worked at this occupation (month and year) (7.3.4)	20 . spe	ime (years) nt in this upetion	Dther Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) - (State or country)	nesqua	aler.	Tulmentusia	
13. NAME 1 14. BIRTHPLACE (city or town) - 50	Maker	Lo		
14. BIRTHPLACE (city or town) / (State or country)	omeof	arler	Name of operation	1.
	lone		What test confirmed diagnosis?	
15. MAIDEN NAME 6110 16. BIRTHPLACE (city or town) 10. Citate or country)	when &	master	Accident, suicide, or homicide?)
17. INFORMANT James Q (Address) Zame	Palu	to	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Public Class. HI	Date Of	V 5 1934	Menner of injury	
19. UNDERTAKER JASTA MARKET (Address) Jalisbu	leway		24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED apr 5, 1934	to. ma	Registrar.	(Signed) S. 74 white (Address) Sulmbury md	M. D

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04221
1. PLACE OF DEATH	(20%)
County Milomile	Registration Dist. No. 333
Village or City Saluting Maryland	No. P.R. Practer St. 13 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME The M. Ross	
(a) Residence: No. N.D. # 1. Further M. (Usual place of abode)	1, St., 16 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OF RAGE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	, 19
6. DATE OF BIRTH (month, day, and year) Level - 25. 1910	f last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 9 m.
23 6 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:
8. Trade profession or particular	Crushed composed fraction Date of onest
industry or business in which work was done, as SILK MILL, on Farm	
10. Date deceased last works et this option (mount and 4-3 4 11. Total time (years) spant in this	
year year occupation	Other Contributory Caness of importance:
12. BIRTHPLACE (city or town)	amountation of fight by
	Frostant of left for
13. NAME Stud Place 14. BIRTHPLACE (city(of town) Marion Station	Name of a-problem
(State or country) Maryland	Name of operation
15. MAIDEN NAME Felorende Joursen	3. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME followed Journey 16. BIRTHPLACE (city or town) Mean. Premote	Accident, suicide, or homicide? accorded Date of injury 4/15, 192 4
(State or country) Maryland	Where did injury occur?
17. INFORMANT MULLE K. 10002 (Address) 311. Hasting of Jahefung M	(Specify ety or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUBAL, CREMATION, OR SEMDVAL	Menner of injury
W Pite aut Church Granate 78,1934	Nature of injury as afore.
19. UNDERTAKER Holloways la- (Address) Saluting Marsland	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Pers 17,19 34 & Tray Theres	(Signed) Las a Radamah M.D.
If more blank; are needed, address State Penistran	(Address) //2 hand of Balling had

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BOREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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MRI (24 45-44)			
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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	159
County Mic min & -	Registration Dist. No. 333
Village or City La alin bern led	. No. De Blief. How St. Ward
(, 0	death occurred in a hospital or institution, give its NAME instead of accet and number
Length of residence in city or town where death occurredmos	ds. How long to U.S. if of foreign birth?yrsmos
2. FULL NAME SO WY & WILL	All-
(a) Residence: No. Quality Quality	Mard.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Brand
+ sugle while single	(Month) (Day) (Year)
5a. tf marriad, widowad, or divorced HUSBAND of	20 LUEDEDVOEDTIEV TILL
(or) WtFE of	1 HEREBY CERTIFY. That I attended deceased from
11501 11500 1 Care D. 19311	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 2 m.
() () 1 day, 4. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profassion, or particular	wera as follows: Date of onest
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	
9. Industry or business in which	(Canst rulimm)
work was done, as StLK MILL, SAW MILL, BANK, etc	Roman light light of his to
10. Data deceased last worked at this occupation (month and spont in this	Com alive; lived four hours
year) occupation	Dther Cantributory Causes of importanca:
12. BIRTHPLACE (city or town).	P - La Le americal
(State or country)	1 Ministan
13. NAME Chand lear his	Meante
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Ve reacher Hopking	23. If death was due to external causes (VIDL ENCE) filt in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State ar country)	Whara did injury occur?
17. INFORMANT A Company	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
(Address) (hancock, ta,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place My July Date Date 1900 , 190 /	Natura of injury
19. UNDERTAKER Chandler Squitte (action	24 Was disease or injury In any way related to occupation of dacaesed?
(Addrass) Onancock, ba.	If so, specify
20, FILED agn 6, 1934 & May June	(Signed) M.D.
Registrar	(Address) Autica mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

STATE	OF	MARYLA	ND-C	ERTIF	CATE	OF	DEATH
	•	1111 CT C 1 May 1			· · · · ·	•	

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	-86	-			

1. PLACE OF DEATH	92-20	0
County Niconico:	Registration Dist. No. 33	2
Village or City Sittsville, Md.	NoSt	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and nu	umber)
Length of residence in city or town where death occurred	os ds. How long in U.S. if of foreign birth?mos	ds.
2. FULL NAME / Haref Jengle		
(a) Residence: No. Sittaville	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S	itate
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
OR DIVORCED (write the word)	Capena 19	102 4
5a. If married, widowed, or divorced	(Month) (Day)	(Yeer)
HUSBAND of (or) WIFE of Month!	22. HEREBY CERTIFY That wettended de	eceesed from
" Holling Junge.	Copperf 1934 to Copperf 19	19.3.4
6. DATE OF BIRTH (month, dey, and yeer) Lovel 2 nd 184	2 I lest faw has elive on 90-0/19, 1934:	deeth Is said
7. AGE Yeers Month's Days If LESS then	to heve occurred on the dete steted above, et #15 Cm.	
92 b 17 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:	
8 Trade profession or particular	- 1000 03 10110113	Date of onset
kind of work done, es SPINNER, Lames luge 'SAWYER, BOOKKEEPER, etc. Lames luge '	Cecles Felenses	1925
9. Industry or business in which work wes done, es SIŁK MILL,	antie laugai	1920
SAW MILL, BANK, etc.	-	
1 - 1 Sheut III full?		
	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Mean Survey .		
(State or country)	Societaly	
13. NAME Shorman Tarker! 14. BIRTHPLACE (city or town) Maar Harmly		
14. BIRTHPLACE (city or town) Maak Alexandra	Name of operation Dete of	
(Stete of country) Belower	Whet test confirmed diegnosis? Was there an au	topsy?
15. MAIDEN NAME Wary Crakes '	23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT MORY TRUELL,	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	DE.
(Address) (Tillsielle - Md -		
Place Leve Cemeter Date Prilly 1935	Menner of injury	
nate of the second of the seco	Neture of Injury	
19. UNDERTAKER IMM! POOLUTIE Wells,	24. Was diseese or injury in any way releted to occupation of deceesed?	
(Address) Sillfulle, ma,	If so, specify	
20. FILEO Jor. 20, 1934 dillian M. Davi	(Signed)	M. D.
Registrar.	(Address) Que Fray Co.C.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
		BECEINED			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	Mey 1,1923	Gastroenteritis	1 year		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
MADITIONAL	OI AUE	LAIF	PURLITER	STUTEMENTS	DI	THISTOIL	717

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

pe

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

AGE should be

STATE	OF	MARYL	AND—CERTIFICATE OF DEATH	
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04235

1. PLACE OF DEATH	(II)
County Mi correis	Registration Dist. No. 333
Village or City Jackson 0-4. Horper	INO. St., 13 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where deeth occurred yrs mos	
2. FULL NAME Influe WY Fill	
(a) Residence: No. Howard Cu, Mcd. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Wate OR DIVORCED (gwrite the word)	(Month) (Day) (Year)
5a. If ma rried, widowed, Or divorcad HUSBAND of	
(or) WHE of alice Tell	22. I HEREBY CERTIFY, Thet I attanded docassed from
6. DATE OF BIRTH (month, day, and year) July 14, 1800	I last saw h alive on fine 1939 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 43°4 m.
33 8 17 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	wara as follows: Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	(Stapleyloson infestini
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacesed last worked et this occupation (month end spent in this security in the s	
SAW MILL, BANK, atc	
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) accomac County	Other Contributory Causes of importance:
(State or country)	The state of the s
II 13. NAME Eugene Madron Tull.	
13. NAME Eugene Madion Tull. 14. BIRTHPLACE (city or town) accomac County	Name of operation Hanacolony Date of \$31/34
(State of country)	Whet test confirmed diagnosis? Chaire it Was there an autopsy?
15. MAIDEN NAME Mennia Collins.	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Warranter Co, Ma.	Accident, suicide, or homicide? Date of Injury
(Stata or country)	Where did injury occur? (Specify city-or town, county and State)
17. INFORMANT DI Luckel	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) Wallwille Va 18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Helsin Cere Date afri 3, 1934	Nature of Injury
9.0 48.114	24. Wes diseese or Injury In any way releted to occupetion of deceased?
19. UNDERTAKER (Addrass)	If so, specify
41. 21 Or Man June	(Signed) Mullimyru M. D.
20. FILED 1974 Registrar.	(Address) / Sulishing mil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
May 7 Page 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis .	1 year	

r et	÷ 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	04226
infor	UP	1. PLACE OF DEATH	93-C	
E C	200	County largarine	Registration Dist. No.	. 336
tem of	1 1	Village or City Delmon Del	NoSt.,	Ward
- TO	jo 1	Length of residence in city_or town where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and	
Every	nen	man a /h.		
· H	statement	2. FULL NAME fland association (a) Positioner No.	St. Ward.	
A K L		(a) Residence: No. (Usual place of abode)	If nonresident give eity or town an	d State
	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
RE Y.	E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH and 22	102 4
C LN	ed.	Jemale the bidone	(Month) (Dey)	(Year)
CT	sifie	55/ If massied, widewed or divorced HUSBAND-01- (or) WIFE of	22. / I HEREBY CERTIFY Dat I attended	d deceased from
BIND ERMA	class	yann El vinent Nud	from 1933, to /4/3 72	1934.
BI		6. DATE OF BIRTH (month, day, and year) July 20-1859	1 2 75	≠; death is said
)R A F ted	properly certificate.	7. AGE Years Months Deys If LESS then 1 day,hrs.	to have occurred on the date stated above, at	
FO IS	pro	ormin.	were as follows:	Date of onset
D is	be of c	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Chrome In wardeten	
VE TH-	-	9. Industry or business in which	A nelstrantes	2,000
	. may back	work wes done, as SILK MILL, SAW MILL, BANK, etc.	1 A	0-4
RESER G INK-	on on	O 10. Dete deceased lest worked at this occupation (month end year) year) occupation occupation	/ · · · · · · · · · · · · · · · · · · ·	
R. NG AG	that ons	year)	Other Contributory Cames of Importance:	2 2 2
GIN'ADII	so	12. BIRTHPLACE (city or town)	Hents Aslahion D	nto
RG VFA	erms, so tha instructions	13. NAME Justin Massey	mont	
MAR UNF suppli		14. BIRTHPLACE (city of town)	Neme of operation Date of_	
2 5	See See	(Stete or country) // Cond	Whet test confirmed diagnosis? Was there an	eu'opsy?
WIJ	in plant.	15. MAIDEN NAME Mary dima muligan	23. If death was due to external causes (VIOLENCE) fill In also the following	ng:
Y, WI		16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
N.L.	4 (E)	(State or country)	Where did injury occur? (Specify city or town, county and St	ate)
IV	DI	17. INFORMANT tary a brings	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
PLA Should	OF D	(Address) Dunar DY	Manage of Indiana	
	E E	Place M. P. Con Buss Dete april 26, 190 4	Manner of Injury	
1 -WRIT	CAUSI	min & Smowed	24. Was disease or injury In any wey related to occupation of deceased?	Tu
Fo. 1	TC T	19. UNDERTAKER ALL DELLA CONTROL OF THE CONTROL OF	If so, specify	
Z m	T	11 - 2 - 1 7 7 1 1	(Signed) AIV G) NCC	M n

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF M	ARYLAN	ND-CER	TIFICATE	OF	DEAT
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1. PLACE OF DEATH	
County Thiconico	Registration Dist. No. 333
Village or City Salishury	No. East Church Est & 5 Warr
Length of residence in city of town where death occurred 40 yrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsdsds
2. FULL NAME Balland Hinliet	of Haller
(a) Residence: No. East Cluck (Est) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE OR DINORCED (write the	WED, 21, DATE OF DEATH
5a. If marriad, widowed, or divorced HUSBAND of Coronal Shalles	22. INTEREBY CERTIFY That Instituted deceased from
6. DATE OF BIRTH (month, day, and year) aug. 73, 187	3 I last faw her aliva on Office 1.4., 1234; death is said
7. AGE Yaars Months Deys If LESS	A second
b 8 Trade profession or particular	I TIIG EKINGIFAL CAUSE OF DEATH and related causes of importance
kind of work done as SPINNER, SAWYER, BDOKKEEPER, etc.	2) Darbeta 192
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	died in some
1D. Date deceased last worked at this occupation (month and) 1934. 11. Totel time (years) spant in this occupation.	1468.
12. BIRTHPLACE (city or town) Maufland	Other Contributory Causes of importance:
13. NAME Benjamin Shaller	
13. NAME Dengan Shaller 14. BIRTHPLACE (city or town) Mulling of Country)	Nama of operation
- February	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Makelda Verable. 16. BIRTHPLACE (city or town) Multiple and	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17 INFORMANT MALION IV. Stalley, (Address) Salishum, 22	Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Auchility Madate 4/15/34,	Manner of injury
19. UNDERTAKER IS Will' A Phrany Co. (Address) Salishung, Ind.	24. Was disaase or injury In any way related to occupation of deceased?
20. FILED Jas 15: 1934 & May Jun	ner (Signad Seagles 3) 3. M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DE	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	\$		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. dan Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in gity or town where death occurred How long In 10 8. if of foreign birth?_____yrs.____ 2. FULL NAME (a) Residence: No. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 3. SE2 4. COMOR OR RACE 21. DATE OF DEATH DOYORCED (write the word) Month) (Day) 5a. if married, widowed, or divorcad HUSBAND of ERTIFY That i attended daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Days if LESS than Months to have occurred on the date stated above. 1 day, ----- hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or min. were as follows: Date of onset 8. Trade, profassion, or particular OCCUPATION kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation ... Othar Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation____ Dete of (State or country) Whet test confirmed diagnosis?_____ Was there an au'opsy?____ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN (Addres 18. BURIAL Manner of injury Nature of Injury 24. Was disease or injury in (Address) if so, specify (Signed) O. FILED. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Strott, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Milomilo	Registration Dista No. 33
Village or City Salesbury md	No. / Jewburs alley. St., 13 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
1/ 1/2	ds. How long in U. S. if of foreign birth?
2. FULL NAME Lewis Mest	
(a) Residence: No. 110 Jeanfura. ally (Usuai place of abody)	St., /3 .Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH STILL 184
male a a married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mythe West	22. I HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) May 19 19 11	I last saw h walive on a level 10, 1974; death is said.
7. AGE Years Months Days If LESS than	to have occurred on the date stated evove, at S. A.m.
22 /0 23 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	0
SAWYER, BOOKKEEPER, etc.	Julinovary Jella
9. Industry or business in which work was done, as SILK MILL,	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date securation (month and spent in this spent in this	Just Calores
this occupation (month end spent in this occupation	with Karyngeal
A Balla	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	ou pullations
E	Newsday 21 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
14. BIRTHPLACE (city or town) . Compatible (State or country)	What test continue discourse leaves to the Nest there any along ?
T D	23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) / Ampha 1	Where did Injury occur?
M. S. P.L.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT AND LIGHT STATES OF THE STATES	Specify whether injury occurred in thousant, in nome, of in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Havenlos Ten Date Up 171934	Nature of injury
19. UNDERTAKER Jag J. Steway	24. Wes disease or injury in any way related to occupation of deceased?
(Address) falisbury ind	If so, specify
20. FILED Gr 14, 19 34 G. Way Survel	(Signed) (Address) Sales
A. Carrier and A. Car	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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THE VENEZUE AND THE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
BURNALL V. S			

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1. PLACE OF DEATH County Village Dr City Length of residence in city or town where deeth occurred Langth of residence in city or town where deeth occurred A. How long in U.S. It of foreign birth Ward Langth of residence in city or town where deeth occurred A. Hew long in U.S. It of foreign birth Ward (a) Residence: No. Cloud place of abode PERSONAL AND STATISTICAL PARTICULARS I. SEX 4. COLOR OR RACE OR DIVORCED (write the word) A. SEX 4. COLOR OR RACE OR DIVORCED (write the word) A. I morried, widowed, or divorced II U.S. II morried, widowed, or divorced III the state of the state of the deep control on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All J. J. J. J. 47 deeth is said to have occurred on the date stated obove, at All		CERTIFICATE OF DEATH (14230)	
Village Dr City Length of residence in city or town where deeth occurred 1.3 yrs mos. ds. 2. FULL NAME (a) Residence: No. SLOUR OR RACE (b) SINGLE MARRIED, WIDOWED (b) BUYORED Combine the word) 55. II morrod, widowed, or divorced (co) WIFE of S. SINGLE MARRIED, WIDOWED 56. DATE OF BIRTH (month, doy, and your) 7. AGE Years Months Days 1 If LESS than to no particular 5. Trodo, profession, or particular 8. Trodo, profession, or particular 8. Trodo, profession, or particular 9. Trodo, profession, or particular 10. SAWYER, BOOKKEFFR, etc. 10. SA	1. PLACE OF DEATH		
Village Dr City. Langth of residence in city or town where deeth occurred. 13. yrs. 63. How long in U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. Langth of residence in city or town where deeth occurred. 13. yrs. 63. How long in U.S. if of foreign birth? yrs. 63. How long in U.S. if of foreign birth? yrs. 64. Color OR RACE (b) STRUCK, MARRIED, WIDOVED, ON DIVORDED, ON DIVORDED (Juna) place of abode) FI somewident give city or town and State. FERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOVED, ON DIVORDED (Juna) place of abode) S. HOLOR OR RACE S. SINGLE, MARRIED, WIDOVED, ON DIVORDED (Juna) S. HOLOR OR RACE S. SINGLE, MARRIED, WIDOVED, ON DIVORDED (Juna) S. HOLOR OR RACE S. Trodo, profession, or particular give city or town and State. FERSONAL AND STATISTICAL PARTICULARS I HER E BY C E R T I FY. 15st 1 stronged deceased from the word of the control of the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st death is said to hove occurred on the date stoted above, at 12st 2 19. 34st de	County Miconica	Registration Dist. No. 333	
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(a) Residence: No. Complete of abode Complete of abode	Length of residence in city or town where deeth occurred_13_yrsmos	ds. How long in U.S. If of foreign birth?yrs,mos6	is.
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T. AGE Years Months Days If LESS thon I dey, hrs. or min. To PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and related gauss at importance were as Iglium. The PRINCIPAL CAUSE OF DEATH and r	- Sarah J. Williams	Jan 1954 10/1/2 - 2 1934	
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Ploco Shad Torot Com Date Christ 29, 19 34. Noture of injury 19. UNDERTAKER In Hill & Johnson & 24. Was diseaso or injury in eny way roloted to occupation of deceased?	18. BURIAL, CREMATION, OR REMOVAL	Manage of Jalua.	
19. UNDERTAKER the Fill & Fohnson & 24. Was diseaso or injury in eny way roloted to occupation of deceased?	Ploco Shad Toint les Date april 29,19 34		-
(Addross) Sales My 1 md, If so, specify	The state of the s		-
	(Addross) Salisbying, and,	If so, specify	
20. FILED your 29, 1913 4 W. May Junes (Signod) John M. D.			D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	r
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 7- 1924			
Other contributory causes of importance:	W 4 4000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100000

PHYSICIANS should state

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH . 042	31
1. PLACE OF DEATH	92-0)	
County Misomico	Registration Dist. No.	3:

1. PLACE OF DEATH	(92-0)
County Nesomero	Registration Dist. No. 333
Village or City Alex Levery	No. Y Du. El Dir. HOR Roll 3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of treet and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Tolen Hillian	nd wor.
(a) Residence: No. Who about the	Q st. Werd.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
(or) WIFE of Melia William	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Sec 25 1998	I last saw h. We alive on 4 - 17 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 15 m.
39 3 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	legal mercarolito Data of onest
SAWYER, BOOKKEEPER, etc.	Info Catalian mafrey buter
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	11
10. Date deceased last worked at 11. Total time (years)	Millal monthere,
this occupation (month and spant in this occupation	
Y Vent Term	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	
II 13, NAME ASAL) N. Trillians	
H . M	and and
(State or country)	Name of operation Date of
W 15. MAIDEN NAME (1980) 18 MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide? Date of Injury
State or country)	Accidant, suicida, or homicide? Date of Injury, 19
20day Hille barre	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Livolous Ma Date Marie 19, 1937	Natura of injury
10 UNDERTAKE Mass M Washal Watson	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
19.24 le man 19. 24 le man ott	(Signad) M. M. Much a M. D.
20. FILED M. /, 192/ X. May Sumer Registrar.	(Address) Lallely MA
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	F1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1934 - 4- 27

STATE OF MADVI AND CEDTIFICATE OF DEATH

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M)	Jo m	plnoi	000	
	ite	sh	of	1
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
	RD.	[XS]	sta	
•	RECO	. PH	Exact	
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IN	INE	CT	sifie	
N	RM	XA	clas	
B	PE	d E	rly	cate.
AARGIN RESERVED FOR BINDING	IS A	state	prope	TION is very important. See instructions on back of certificate,
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RE	NG	AGI	tha	ions
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	PLA	pino	F D	rery
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	WRI	natio	AU	ION
V. S. No. 1	B.—	n	0	7
N. N.	ż	-		1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-6)
County Tulcomico	Registration Dist. No. 337
Village or City Westingnun	
/ / Of	MoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sohn A wilsen	
(a) Residence: No	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Expril 1934
5a. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw handlive on 2, 19.3 V, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2-12-m.
75 6 20 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Clinical Data of onest
SAWYER, BOOKKEEPER, etc.	y and a second
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	34
10. Date deceased last worked et 11. Totel time (years)	
this occupation (month and spant in this very year) occupation	
12. BIRTHPLACE (city or town) Twating quin	Other Contributory Causes of Importance:
(State or country)	,
13. NAME (Lyder Wilson 14. BIRTHPLACE (city or town) Walpquing	
14. BIRTHPLACE (city or town) Welsammy	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Clyabelh Failey	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Zusika min	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Africa James James	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL ,	Manner of Injury
Place ZVIIIpquiv Date Bookis, 1987	Nature of Injury
19. UNDERTAKER Mrs lightessich & Sons	24. Was disease or Injury In any way releted to occupation of deceased?
20, FILED CIPU G 194 OF Woolford Walter	(Signed) M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 (82:04) V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year